Ministry of Health

Plan for 2012-13

Government of
Saskatchewan

PLAN FOR 2012-13

Statement from the Minister

I am pleased to present the Ministry of Health's Plan for 2012-13.

The Government's Direction and Budget for 2012-13 are built around *Keeping the Saskatchewan Advantage*, supporting sound economic growth so that prosperity can be shared across the province.

Our government is committed to improving access to a health system that provides **Better Health**, **Better Care**, and **Better Value** for Saskatchewan people. As we move forward on our transformation agenda in health care, we will be guided by our commitment to putting the ***Patient First*** as we modernize our system for the future.

That transformation agenda includes a series of bold targets and innovations to signal our commitment to improving access and health system quality in areas like emergency room waits, complex care, mental health, seniors' independence, safety and quality. We will invest significantly in primary health care to ensure access to care, especially in rural and underserved populations. We remain on track and committed to providing sooner, safer, smarter surgical care in Saskatchewan. By building safer and more supportive workplaces committed to patient- and family-centred care, we will enable the development of **Better Teams**.

We are making carefully considered strategic decisions to ensure that health services are stable and sustainable into the future for the next generations. I look forward to furthering our Government's commitments in 2012-13 and I remain committed to reporting on progress made toward this plan, within the financial parameters provided, in the Ministry's annual report.

The Honourable Don McMorris
Minister of Health

Response to Government Direction

Government has renewed its plan for 2012-13 to encourage and support the *Saskatchewan Advantage*. This plan reflects the Government's continued focus on economic growth, supporting the creation of new opportunities through strategic investments, ensuring that the prosperity is shared and our quality of life is enhanced. Government's key priorities and commitments have been supported in the context of a disciplined four-year fiscal plan and are presented in the *Government Direction for 2012-13*.

Government's Vision

"... a strong and growing Saskatchewan, the best place in Canada – to live, to work, to start a business, to get an education, to raise a family and to build a life."

Sustaining growth and opportunities for Saskatchewan people	Improving our quality of life	Making life more affordable	Delivering responsive and responsible government

Government's vision and four goals provide a directional framework for ministries, agencies and third parties to align with these priorities and to develop their plans to achieve greater success in the efficient delivery of government services.

All ministries and agencies will report on results achieved, or not yet achieved, in their 2012-13 annual reports. This honours Government's commitment to keep its promises and ensures greater transparency and accountability to the people of Saskatchewan.

Five-year and 2012-13 Strategic Priorities for the Healthcare System

Mission Statement

The Saskatchewan healthcare system works together with you to achieve your best possible care, experience and health.

Photo credit: Ministry of Government Services, TC Douglas Build

Strategy Deployment (*Hoshin Kanri*) in the Saskatchewan Healthcare System

The process used to develop this plan represents a significant shift in the way health system strategic planning has historically been done in the province. This new approach to strategic planning, often referred to as *hoshin kanri*, is characterized by engagement of staff at all levels of the participating organizations through a process referred to as "catchball". The catchball process enables a top-down and bottom-up approach to determining the strategic priorities and how the desired results will be achieved.

As part of this process, the healthcare system leaders developed enduring strategies based on the Institute for Healthcare Improvement's Triple Aim. These strategies focus on making improvements to the health of the population, individual care, and financial sustainability in the context of value. The fourth aim is intended to strengthen the healthcare workforce to enable the changes required to improve the other three aims.

BETTER HEALTH	BETTER CARE	BETTER VALUE	BETTER TEAMS
Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.	In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.	Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.	Build safe, supportive and quality workplaces that support patient- and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers

During this process, healthcare system leaders identified five areas in which they would like to see a breakthrough in improvement. These are:

- Transform the surgical patient experience;
- Strengthen patient-centred primary health care.
- Deploy a Provincial Continuous Improvement System;
- Focus on Patient and Staff Safety; and
- Identify and provide services collectively through a shared services organization.

The successful implementation of these initiatives in turn are expected to affect the five-year outcomes that were also identified during the process.

Strategy	Five-year Outcomes	Five-year Improvement Targets	2012-13 Breakthrough Initiatives
Better Health	By March 31, 2017, there will be a 50% improvement in the number of people surveyed who say, 'I can contact my **primary healthcare** team on my day of choice' *Measure: Percentage of patients reporting they were able to contact their primary health care team on the day of their choice*	• By 2015, all Saskatchwan residents who choose to be, will be connected to a primary healthcare team that includes or is linked to a family physician. *Measure: Percentage of Saskatchewan residents connected to a primary health care team* • By 2017, 80% of primary healthcare teams are engaged in clinical practice redesign. *Measure: Percentage of primary healthcare teams engaged in clinical practice redesign.*	**Strengthen Patient-centred Primary Health Care by Improving Connectivity, Access and Chronic Disease Management** • By March 31, 2013, confirm/establish a baseline by RHA of the percentage of clients connected to a primary healthcare team or provider and identify gaps in supply of primary healthcare providers. *Measure: Percentage of RHAs that have identified the baseline percentage of clients connected to a primary healthcare team or provider* • By March 31, 2013, all RHAs will have created plans for progressing Primary Health Care across their region. *Measure: Percentage of RHAs that have created plans for progressing primary health care across the region, including an engagement plan with physicians.* • By March 31, 2013, up to eight primary healthcare innovation sites will be selected and launched. *Measure: Number of innovation sites launched.* • By March 31, 2013, 100% of RHAs have initiated engagement of family physician practices and assessed readiness. *Measure: Percentage of RHAs that have initiated engagement with physician practices and assessed readiness.* • By March 31, 2013, 100 primary healthcare teams and family physician practices are engaged in clinical practice redesign (including patient surveys). *Measure: Number of primary healthcare teams and physician practices engaged in clinical practice redesign*

Strategy	Five-year Outcomes	Five-year Improvement Targets	2012-13 Breakthrough Initiatives
Better Health	By March 31, 2017, there will be a 50% reduction in the age-standardized hospitalization rate for **ambulatory care sensitive conditions** [Note about this outcome: The 50% change target has been set pending further refinement.] *Measure: Age standardized hospitalization rate for ambulatory care sensitive conditions*	• By 2017, 75% of patients with chronic disease report an increase in confidence to self manage their disease. *Measure: Percentage of patients with chronic disease reporting confidence in self-managing their disease. (measure not yet available)* • By 2017, 80% of patients are receiving care consistent with provincial standards for the five most common chronic diseases. *Measure: Percentage of patients receiving care consistent with provincial standards for the five most common chronic diseases. (measure not yet available)* • By 2017, 80% of primary healthcare teams are using electronic medical records that facilitate individual patient care and enable population-based reporting for quality improvement and planning. *Measure: Percentage of primary healthcare teams that are using electronic medical records that facilitate individual patient care in accordance with the standards and enables population-based reporting for quality improvement and planning.*	**Strengthen Patient-centred Primary Health Care by Improving Connectivity, Access and Chronic Disease Management** • By March 31, 2013, identify the tools and supports (capacity and baseline capability in measurement and analysis) required to monitor chronic disease population data. *Measure: Tools and supports identified.*

Strategy	Five-year Outcomes	Five-year Improvement Targets	2012-13 Breakthrough Initiatives
Better Care	By March 31, 2014, all patients have the option to receive necessary surgery **within three months.** *Measure: Number of patients given the option to receive necessary surgery.* By March 31, 2013, all patients are offered the option to have **surgery within six months**. *Measure: Number of patients waiting for surgery over six months* *Measure: Percentage of patients who received their surgery within six months*	• By March 2014, reduce by 90% the wait list variance within specialist services *Measure: Establish baseline measure in 2012-13 and begin ongoing measurement in 2013-14.* • By March 2017, 10 specialties will have developed provincial standards of care (clinical pathways) for their specialty and 80% of their patients will be receiving care consistent with those standards. *Measure: Number of specialties that have developed provincial standards of care (clinical pathways) for their patients.* *Measure: Percentage of patients receiving care consistent with provincial standards of care (clinical pathways).* • By March 2014, achieve the capacity needed to meet established throughput targets. *Measure: Percentage of surgical volumes compared to target* • By March 2013, 100% of expected surgical case volumes by region delivered. *Measure: Percentage of surgical volumes compared to target* • By March 2014, improve patient flow and efficiencies such that we achieve a reduction of 50% in emergency room patients admitted to hospital who are awaiting placement to a bed (known as admit--no-beds). *Measure: (In Regina and Saskatoon): the number of Emergency Room patients who have been admitted, but wait for the appropriate bed (either in Emergency Room or in a holding room within an acute care facility).* *Measure: Number of clients in acute care beds awaiting long-term care placement who have been assessed and approved for long-term care placement and are not in an acute state.* By March 2017, 100% of patients, families, staff and physicians understand, and are comfortable with, 'stopping the line'. *Measure: Under development.*	**Transform the Patient Experience through Sooner, Safer, Smarter Surgical Care** • By March 2013, support patients and families in making the right treatment decisions through implementation of shared decision making within the hip and knee replacement, spine, prostate cancer, and uro-gynae pathways *Measure: Status of implementation of shared decision making within pathways.* • Accelerate the clinical pathways for hip and knee replacement, spine, uro-gynae, and prostate cancer. *Measure: Number of patients who are cared for through the four clinical pathways.* • By March 2013, work with our stakeholders to identify the next six clinical pathways to be improved. *Measure: Status of identification of pathways.* • By March 2013, reduce clinical variation by implementing a clinical variation management plan in two surgical and one diagnostic service areas. *Measure: Status of implementation of clinical management plans.* • By March 2013, improve processes for discharging patients into their home hospital or community through the adoption of new discharge planning tools and processes. D-minus system implementation will begin within select health regions. *Measure: Adoption of discharge planning tools and processes* *Measure: Number of select health regions implementing D-minus system.* • By March 2013, reduce the time patients wait for surgery through implementation of pooled referrals with 15 surgical groups. *Measure: Number of specialist participating in pooled referral process* • By March 2013, reduce the amount of time patients wait for surgery through identification of supply and/or demand management barriers. *Measure: Percentage of surgical volumes performed as compared to target* • By March 2013, 100% of expected surgical case volumes by region delivered. *Measure: Percentage of surgical volumes compared to target*

Strategy	Five-year Outcomes	Five-year Improvement Targets	2012-13 Breakthrough Initiatives
Better Care	By March 31, 2017, zero **surgical infections** from clean surgeries. *Measure: Rate of surgical site infections from clean surgeries (under development)*	• By March 31, 2014 all surgeries in an Operating Room will use surgical safety checklists *Measure: Percentage completion of surgical safety checklist* • By 2017, 100% of surgeries will use the Surgical Site Infections Bundle. *Measure: Percentage and number of patients who received all components of the Safer Healthcare Now! Surgical Site Infections Bundle (not yet available)*	**Transform the Patient Experience through Sooner, Safer, Smarter Surgical Care** • By June 30, 2012, work with RHA checklist contacts to examine processes for barriers and opportunities (the "S" of Plan Do Study Act) *Measure: List of barriers and opportunities for using surgical safety checklists* • By September 2012, develop a measurement plan for surgical site infections and use of the Surgical Site Infections prevention bundle *Measure: Status of developing a measurement plan for surgical site infections and use of the Surgical Site Infections bundle*
Better Care	By March 31, 2017, no adverse events related to medication errors. *Measure: Rate of adverse drug events using the Institute for Healthcare Improvement Global Trigger Tool (not yet available)*	• By 2015, medication reconciliation (MedRec) will be undertaken at all admissions and transfers/discharges in acute, long-term care and community. *Measures:* • *Per cent compliance with MedRec at admission to acute care* • *Per cent compliance with MedRec at admission to long-term care* • *Safer Healthcare Now! Discrepancy measures or other measure of the quality of the Best Possible Medication History developed in consultation with RHAs (not yet available)* • *Per cent compliance with MedRec at transfer/discharge (not yet available)* • By March 31, 2017 medication reconciliation will be performed at all patient points of care transfer. *Measure: Under development*	**Safety Culture: Focus on Patient and Staff Safety** • All Regional Health Authorities and the Saskatchewan Cancer Agency will comply with Accreditation Canada's required organizational practices for medication reconciliation. *Measure: under development* • By June 30, 2012, establish an RHA Global Trigger Tool (GTT) working group *Measure: Status of establishing a RHA Global Trigger Tool working group* • By September 30, 2012, develop a measurement plan for the Global Trigger Tool *Measure: Status of developing the measurement plan for GTT* • By March 31, 2013, improve the process for medication reconciliation compliance audits in acute care *Measure: Number of units per region that have implemented unit-based staff-conducted audits with immediate improvement plans* • By June 30, 2012, begin compliance audits in long-term care *Measure: Number of regions that has begun compliance audits in long-term care facilities* • By December 31, 2012, conduct a quality audit of MedRec at admission to acute care *Measure: Number of regions that have conducted a quality audit of MedRec at admission to acute care* • By September 30, 2012, work with self-selected RHAs to develop a form that all can use for MedRec at transfer/discharge *Measure: Status of developing the MedRec form that can be used by all RHAs at transfer/ discharge*

	Five-year Outcomes	Five-year Improvement Targets	2012-13 Breakthrough Initiatives
	By March 31, 2017, (based on a five year rolling average) the healthcare budget increase is less than the increase to provincial revenue growth. *Measure: Health care budget growth compared to actual five-year rolling average of the provincial revenue growth.*	• By March 31, 2016, all major capital projects will use 3P (Production, Preparation, Process) design methodology *Measure: Number of capital projects using 3P design methodology* • By March 31, 2016, 880 health care leaders will be certified in lean: • 2012-13: 240 leaders certified in Lean • 2013-14: 400 leaders certified in Lean • 2014-15: 240 leaders certified in Lean *Measure: Number of health care leaders who are certified in Lean* • By March 31, 2017, more than 1,000 focused **quality improvement events** involving front-line staff, physicians and patients will be undertaken in multiple areas of the health system, in order to improve the patient experience and reduce error. *Measure: Number of quality improvement events*	**Deploy a Continuous Improvement System including training and infrastructure across the health system with an initial focus on the surgical value stream and 3P within Five Hills, Prairie North, Prince Albert Parkland and Saskatoon Health Regions.** • By April 30, 2012, select a sensei / consultancy group *Measure: Status of selecting a sensei/ consultancy group* • By April 30, 2012, engage quality improvement staff in a two-day session to develop a detailed four-year work plan for implementation of the Provincial Continuous Improvement System *Measure: Status of developing a detailed 4-year work plan for implementation of the Provincial Continuous Improvement System* • By March 31, 2013, apply lean within the surgical service line across the province *Measure: Status of applying lean within the surgical service line* • By March 31, 2013, hold seven major 3P events within three major capital projects (Saskatchewan Children's Hospital, Moose Jaw Regional Hospital and Saskatchewan Hospital North Battleford) *Measure: Number of 3P events with the three major capital projects* • By March 31, 2013, establish standard Continuous Improvement Offices (regional and provincial) and supports to facilitate continuous improvement across the province. *Measure: Status of establishing regional and provincial CIOs* • By March 31, 2013, engage a consultant in second cycle of Strategy Deployment transitioning to self-sufficiency *Measure: Status of engaging the consultant in second cycle* • By March 31, 2014, complete 2 cycles (2012-13 and 2013-14) of Strategy Deployment, including the development and deployment of annual plans for short-term breakthrough initiatives and 3-5 year outcomes *Measure: Status of completing 2 cycles of Strategy Deployment* • By April 30, 2012, establish a robust cascading measurement system to report on the 2012-13 Breakthrough Initiatives, which includes the establishment of Visibility Walls and regular leadership reviews / huddles at the wall

	Five-year Outcomes	Five-year Improvement Targets	2012-13 Breakthrough Initiatives
			Measure: Status of completing 2 cycles of Strategy Deployment • By March 31, 2013, 240 health care leaders are actively pursuing Lean Certification *Measure: Number of healthcare leaders who are certified in Lean* • By March 31, 2013, ensure that at least 500 staff are engaged in Rapid Process Improvement Workshops (RPIW) *Measure: Number of staff who are engaged in RPIW*

	Five-year Outcomes	Five-year Improvement Targets	2012-13 Breakthrough Initiatives

	By March 31, 2017, the healthcare budget is strategically invested in **information technology, equipment, and facility renewal.**
	Measure: to be determined
		• By March 31, 2017 reduce the gap percentage spent on information technology as compared with high performance organizations by 50% to achieve sustainable high quality service.
		Measure: Percentage of the Saskatchewan healthcare expenditures spent on information technology as compared to the average percentage spent by high performing healthcare organizations
		• By March 31, 2015 have achieved an accumulated total savings of $100M through shared services initiatives.
		Measures:
		• *Amount of total dollars saved through shared services*
		  • *2012-13 Target: $10 million incremental for a total of $35 million*
		  • *2013-14 Target: $10 million incremental for a total of $65 million.*
		• *Percentage of goods and services procured through a provincial process*
		  • *2012-13 Target: 65%*
		  • *2013-14 Target: 80%*
		• *% of goods and services procured in partnership with Alberta and BC (New West Partnership)*
		  • *2012-13 Target: 20%*
		  • *2013-14 Target: 35%*
		  • *2014-15 Target: 35%*
		  • *2015-16 Target: 40%*
			Identify and Provide Services Collectively through a Shared Services Organization.
			• By March 31, 2013 there will be ten million dollars in incremental savings for an accumulated total of 35 million dollars.
			Measure: Amount of total dollars saved through shared services
			• By March 31, 2013, 65% of goods and services will be procured through a provincial process.
			Measure: Percentage of goods and services procured through a provincial process
			• By March 31, 2013, 20% of goods and services will be procured through partnership with Alberta and British Columbia.
			Measure: Percentage of goods and services procured in partnership with Alberta and British Columbia (New West Partnership)

Strategy	Five-year Outcomes	Five-year Improvement Targets	2012-13 Breakthrough Initiatives
Better Teams	By March 31, 2017, zero work place injuries. *Proxy Measure: Number of lost-time WCB claims per 100 FTEs* *Note: WCB claims will be used as a proxy measure until a better measure is developed.*	• By March 31, 2016 100% of regions receive a 60% audit score. *Measure: WCB audit score* • By March 31, 2014 100% of the regions have implemented a safety management system. *Measure: Percentage of regions implementing a safety management system.*	**Breakthrough Initiative: Safety Culture: Focus on Patient and Staff Safety** • By March 2013, the SASWH (Saskatchewan Association for Safe Workplaces in Health) safety framework will be adopted. *Measure: Status of adopting the SASWH safety framework* • By March 2013, assessment will begin against the framework in areas with highest time loss and no time loss claims. *Measure: Status of conducting the assessment, using the framework, to identify the areas with the highest time loss and no time loss claims* • By March 2013, a plan will be developed to address deficiencies in targeted areas. *Measure: Status of developing the plan to address deficiencies in targeted areas.* • By March 2013, a leading practice group will be established, facilitated by SASWH, to share leading practices in safety management systems and to focus implementation and training efforts. *Measure: Status of establishing a leading practice group*

The breakthrough initiatives identified on the previous pages are intended to provide an intense focus and alignment on strategic improvements in the system that will positively affect the stated outcomes within a shorter period of time. However, these activities are only a subset of the activities required to achieve the five-year outcomes. Other actions are also required to prepare for future breakthrough initiatives. These additional 2012-13 actions are outlined below:

Strategy	Five-year Outcomes	Five-year Improvement Targets	2012-13 Breakthrough Initiatives
Better Health	By March 31, 2022, there will be a 5% decrease in the rate of obese children and youth. *Measure: Under development* *Note: This is a 10-year outcome*	• By March 2015, the Saskatchewan healthy weights strategy, which reflects a multi-sectoral approach, will be implemented. *Measure: Under development*	• Using input from the Healthy Weights roundtable and an environmental scan on best practices, the Ministry will build on work done to date by the Ministries of Tourism Parks Culture and Sport, Education and Health and bring forward a multi-Ministry plan to the Cabinet Committee on Children and Youth. *Measure: Presentation of plan to the Cabinet Committee on Children and Youth*
Better Health	By March 2017, there will be a 50% reduction in the incidence of **communicable disease** (TB, HIV, STIs & MRSA) [Note: The 50% change target has been set pending further refinement.] *Measures:* • *Incidence rate for new active and relapsed cases of tuberculosis (TB)* • *Rate of newly reported HIV cases* • *Incidence rate for Sexually Transmitted Infections (STIs) including Chlamydia, Gonorrhea, Hepatitis B & C and Syphilis*	• By March 2017, there will be an increase by 50% in access to point of care testing for HIV and TB. • By March 2017, 95% of children are up-to-date on publicly-funded vaccines by ages 2 and 7. • By March 2017, there will be a 50% increase in the number of regional health authorities that have partnered with school divisions for delivery of the sexual wellness curriculum • By March 2017, there will be a 50% reduction in the inappropriate prescribing of antibiotics *Measures: Under development*	• In 2012-13, the provincial healthcare system will work together in support of this goal. We will: • Share the TB strategy with RHAs and the Community for input and feedback. • Assess the effect of the HIV strategy. • Begin planning and analysis, along with physicians, nurse practitioners, and pharmacists on strategies to address MRSA. • Develop educational materials for the public on MRSA. • Link information systems to determine immunization rates. • Develop a multi Ministry strategy for sexual wellness. *Measures: Under development*
Better Health	By March 31, 2017, seniors will have access to supports that will allow them to age within their own home and progress into other care options as their needs change. *Measure: MDS-HC Case Mix Index (CMI) (under development)*	• By March 2017, there will be an increase in the Minimum Data Set score on admission in long-term care by 50%. *Measure: MDS-HC Case Mix Index (CMI) (under development)*	2012-13 activities will be focused on developing a plan to achieve this outcome, which will include: • Developing stronger primary healthcare teams and home care services; and • Examining the care continuum (home care, housing, personal care homes, long-term care) to identify gaps and opportunities for further investments, including technologies like tele-homecare and enhanced community and home-based supports. *Measure: Under development*

Strategy	Five-year Outcomes	Five-year Improvement Targets	2012-13 Breakthrough Initiatives
Better Care	By March 31, 2017, patients' ratings of exceptional overall healthcare experience are in the top 20% of scores internationally *Measures:* • *percentage of patients rating their hospital as 10 out of 10* • *percentage of patients rating their primary health care clinic as 10 out of 10 (under development)* • *percentage of patients who rate the care they received in the Emergency Department as "excellent"* Note: This outcome is linked to Patient- and Family-centred Care (PFCC). During the Strategy Deployment process, healthcare system leaders decided that PFCC would be woven into breakthrough initiatives	• By March 2017 all RHAs and the Saskatchewan Cancer Agency will reduce the patient experience gap by 50% each year in four of the Hospital Consumer Assessment of Health Providers & System (HCAHPS) dimensions as compared to the top 20% of scores internationally *Measure: percentage of patients rating their hospital as 10 out of 10*	• By March 31, 2013, complete an analysis on identifying the top four components needed for improved patient experience. *Measure: Status of conducting an analysis on identifying the top four components* • By March 31, 2013, develop an action plan on the top four components for improved patient experience. *Measure: Status of developing an action plan on the top four components*
Better Care	*Note: As an interim step toward the overall goal of all people having access to a specialist and diagnostics within one week:* By March 31, 2017, there will be a 50% reduction in patient waits from General Practitioner referral to specialist and diagnostic services *Measure: Establish the baseline measure in 2012-13 and begin ongoing measurement in 2013-14.*	• By March 31, 2017 100% of all surgical practices will be involved in Clinical Practice Redesign *Measure: Percentage of surgical practices will be involved in Clinical Practice Redesign*	• In 2012-13, activities to improve general practitioner to surgical specialist wait times will be monitored and reviewed to consider which activities should be pursued to reduce the wait times for all general practitioner referrals to specialists and diagnostic testing. Particular attention will be placed on learning from related surgical initiative projects including Clinical Practice Redesign, pooled referrals, Lean improvement work and the general practitioner to specialist benchmark. *Measure: Under development*

Strategy	Five-year Outcomes	Five-year Improvement Targets	2012-13 Breakthrough Initiatives
Better Care	By March 31, 2015, all cancer surgeries or treatments are done within the consensus-based timeframes from the time of suspicion or diagnosis of cancer *Measure: Percent of invasive cancer surgeries performed within three weeks*	• By March 31, 2017 there will be a 50% reduction in value stream waste for the provision of cancer surgery and/or treatment *Measure: Percentage reduction in value stream waste for the provision of cancer surgery and/or treatment.*	• By March 2013, identify cancer surgery and treatment timeline targets. *Measure: Status of identification of cancer surgery and treatment timeline targets.* • By March 2013, undertake value stream mapping for cancer surgery and treatment. *Measure: Status of value stream mapping for cancer surgery and treatment.* • By March 2013, assess how cancer surgeries are allocated to the Operating Room. *Measure: Status of assessment of how cancer surgeries are allocated to the Operating Room.*
Better Care	By March 31, 2017, individuals with severe complex mental health issues with alcohol co-morbidity or acquired brain injury will have access to supportive housing in or near their community. *Measure: under development*	• By March 2017, reduce length of stay for Saskatchewan Hospital North Battleford inpatients admission by 50% for individuals with severe or complex mental health issues. *Measure: length of stay for Saskatchewan Hospital North Battleford inpatients admission* • By March 2017, reduce by 50% the number of Emergency Room visits by individuals with severe or complex mental health issues. *Measure: number of Emergency Room visits by individuals with severe or complex mental health issues* • By March 2017, reduce by 50% readmissions (mental health inpatient and acute care units) of individuals with severe, complex mental health issues *Measure: readmissions (mental health inpatient unit and acute care)*	• By March 2013, approve a plan that will explore enhanced residential resources for individuals with severe and complex mental health needs throughout the province in conjunction with planning, development and rebuilding the Saskatchewan Hospital North Battleford. *Measure: Status of plan approval.* • By March 2013, review and approve projects and commence the planning process with RHAs (Regina Qu'Appelle, Saskatoon, Prince Albert Parkland, Five Hills, and Prairie North Health Regions). *Measure: Status of project review and approval.*

Strategy	Five-year Outcomes	Five-year Improvement Targets	2012-13 Breakthrough Initiatives

Better Care	By March 31, 2017, no patient will wait for emergency room care (patients seeking non-emergency care in the ER will have access to more appropriate care settings).
	Measure: under development
		• By March 2015, the start of Emergency Room care time improved by 50%.
		• By March 2015, eliminate holding of acute care admissions in Emergency Room by March 2015.
		Measure for both targets (in Regina and Saskatoon): the number of Emergency Room patients who have been admitted, but wait for the appropriate bed (either in the Emergency Room or in a holding room within acute care facility).
			• In 2012-13, a plan will be developed that builds on the transformational agenda to:
			  • Innovate to improve processes;
			  • Reduce demand on emergency services through improved patient care in rural and urban communities by pursuing options for after-hours care;
			  • Optimize the skills of all team members in emergency services;
			  • Providing patients who no longer require hospital services with care in more appropriate settings; and
			  • Examining the care continuum (home care, housing personal care homes, long-term care) to identify gaps and opportunities for further investments, including technologies like tele-homecare and enhanced community and home-based supports.
			Measure: Under development
			• By March 2013, develop good reporting structures and consistent data.
			Measure: Status of development of reporting structures and consistent data
			• By March 2013, implement patient flow projects with Saskatoon and Regina Qu'Appelle Health Regions
			Measure: Status of implementation of flow projects.

Strategy	Five-year Outcomes	Five-year Improvement Targets	2012-13 Breakthrough Initiatives
Better Teams	By March 31, 2017, the employee engagement provincial average score exceeds 80% *Measure: Percentage of regional health authorities and Saskatchewan Cancer Agency staff rating overall engagement as favorable*	• By March 2017, 25% of staff and clinicians (about 7,500) are trained in continuous improvement basics (Kaizen basics). The target numbers of staff and clinicians by fiscal year are: • 2012-13: 3,000 • 2013-14: 1,500 • 2014-15: 1,500 • 2015-16: 1,500 *Measure: Number (%) of staff and clinicians trained in continuous improvement basics* • By March 2017, 400 staff will be dedicated to continuous improvement. The accumulative target numbers of staff dedicated to continuous improvement by fiscal year are: • 2012-13: 120 • 2013-14: 190 • 2014-15: 260 • 2015-16: 330 • 2016-17: 400 *Measure: Number (%) of staff dedicated in continuous improvement* • By March 31, 2017 100% of RHAs have met their improvement targets for staff engagement to enable achievement of the provincial goal of 80% *Measure: Number (%) of regions that have met their improvement targets for staff engagement*	• By March 2013, each region will implement an action plan to improve employee engagement scores *Measure: Status of implementing an action plan* • By March 2013, a provincial planning session will be held to map implementation of continuous improvement across the province *Measure: Status of the session to develop plan for implementing Continuous Improvement across the province.* • By March 2013,10% of the 5 year targeted number of employees will be trained in continuous improvement basics *Measure: Number (%) of staff and clinicians trained in continuous improvement basics*

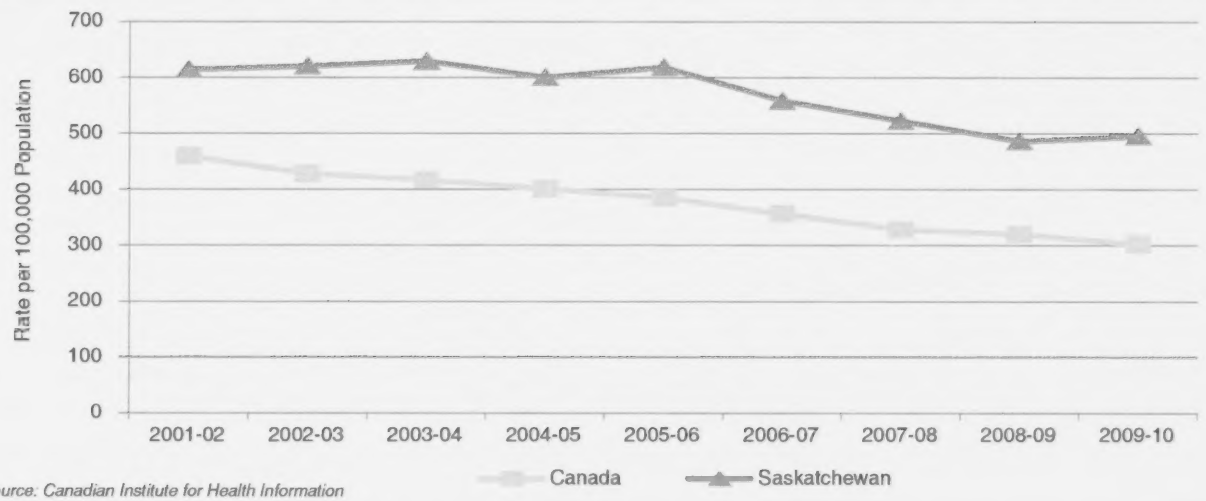
Strategy	Five-year Outcomes	Five-year Improvement Targets	2012-13 Breakthrough Initiatives
Better Teams	By March 31, 2017, increase physician engagement score by 50% *Measure: Physician engagement score (under development)*	• By March 31, 2013 develop and deploy a tool to measure physician engagement and determine target for measurement *Measure: Status of developing and deploying a tool to measure physician engagement and determining target for measurement*	• By March 31, 2013, deploy a tool to measure physician engagement in collaboration with the College of Physicians and Surgeons and the Saskatchewan Medical Association (SMA) *Measure: Status of deploying a tool to measure physician engagement* • By March 31, 2013, consult with SMA and College of Physicians and Surgeons, regarding engagement and mechanisms for engagement *Measure: Status of consulting with SMA and the College of Physicians and Surgeons regarding engagement and mechanism for engagement* • By March 31, 2013, select a third party to administer the tool. *Measure: Status of selecting a third party to administer the tool* • By March 31, 2013, determine targets for measurement *Measure: Status of determining targets for measurement*

PERFORMANCE MEASURES

BETTER HEALTH

Measure

Age Standardized Hospitalization Rate for Ambulatory Care Sensitive Conditions



Source: Canadian Institute for Health Information

Measure Description

This measure is related to one of the five-year health system outcomes under the Better Health Strategy - *By March 2017, there will be a 50 per cent reduction in the age-standardized hospitalization rate for ambulatory care sensitive conditions.*

Ambulatory care sensitive conditions include diabetes, asthma, alcohol and drug dependence and abuse, neurosis, depression, and hypertensive disease. While not all admissions for these conditions are completely avoidable, it is assumed that appropriate ambulatory care provided through primary health care could prevent the onset of these types of illnesses or conditions, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care. Therefore, this measure is considered to be an indicator for access to appropriate primary health care.

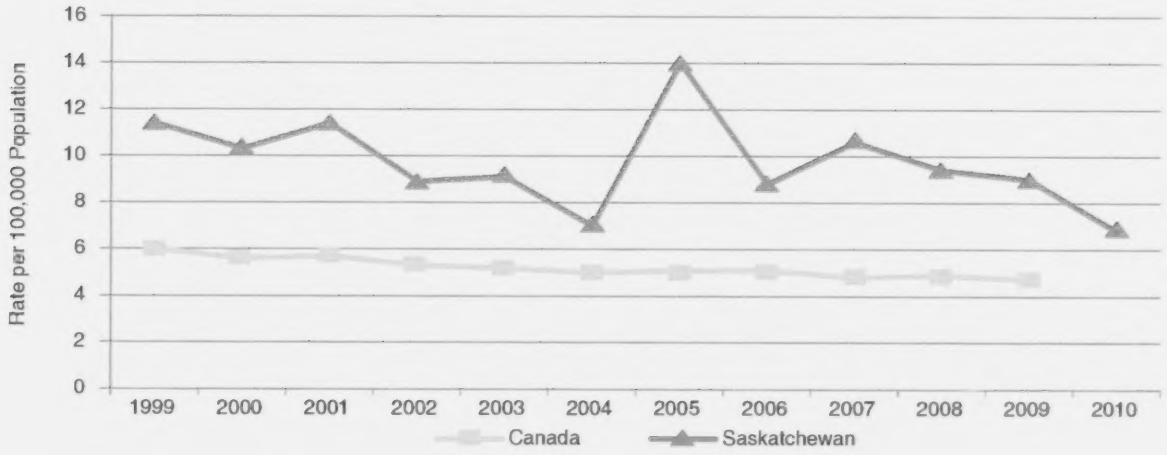
Age standardized hospitalization rate for ambulatory care sensitive conditions in Saskatchewan shows a decreasing trend in the second half of the 2000s. It decreased by 20 per cent between 2005-06 and 2009-10. However, the Saskatchewan rate still remains well above the national average.

The Saskatchewan health system is currently undertaking the redesign of primary healthcare services which will focus on improving access to care and chronic disease management. In 2012-13, the health system will introduce innovative approaches to improve access to primary health care, which will improve the patient experience, ensure that services are stable and sustainable into the future, and help Saskatchewan people stay healthier. Up to eight test sites will be used to test these new models of primary health care delivery.

Photo Credit: Tourism Saskatchewan, Greg Huszar Photography, Dock Jumpe

Measure

Tuberculosis (TB) Incidence Rate



Source: Canadian Institute for Health Information and Ministry of Health

Measure Description

This measure is related to one of the five-year health system outcomes under the Better Health Strategy - *By March 2017, there will be a 50 per cent reduction in the incidence of communicable disease (TB, HIV, STIs & MRSA).*

Saskatchewan has the second highest rate in Canada (excluding territories). The Tuberculosis (TB) incidence rate (reported as rate per 100,000 population) in Saskatchewan increased sharply in 2005 and then began decreasing in 2007. In 2010, the TB incidence rate decreased to 6.8, which was the lowest rate between 1999 and 2010. Despite this decreasing trend, the incidence rate in Saskatchewan still remains well above the national average.

Both national and Saskatchewan trends show that TB incidence rates were much higher among Aboriginal people and foreign born population compared to Canadian born non-Aboriginal population. In Saskatchewan, more than 50 per cent of new and relapsed TB cases occur among northern Saskatchewan residents. As indicated in the 2012-13 Ministry Plan, the Saskatchewan health system will continue to work with communities and stakeholders to reduce the number of TB cases over the next five years.

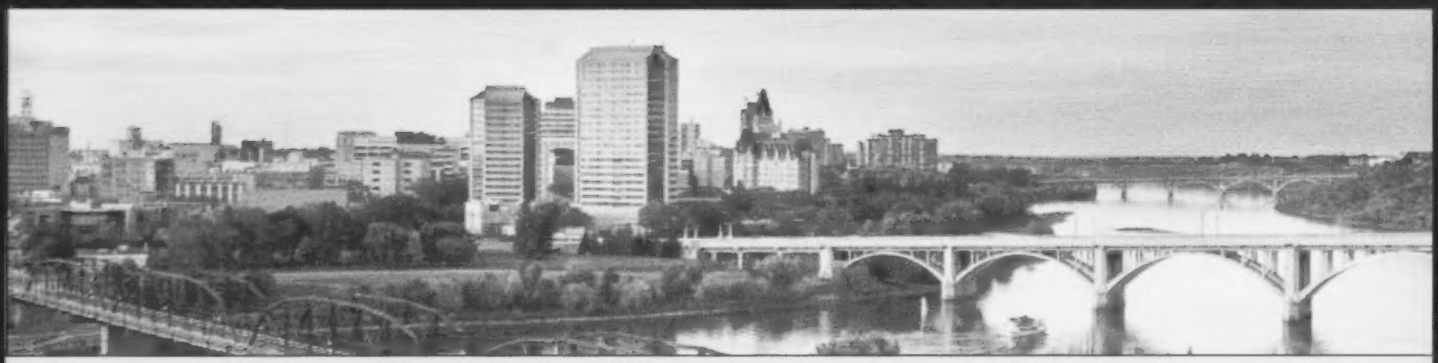
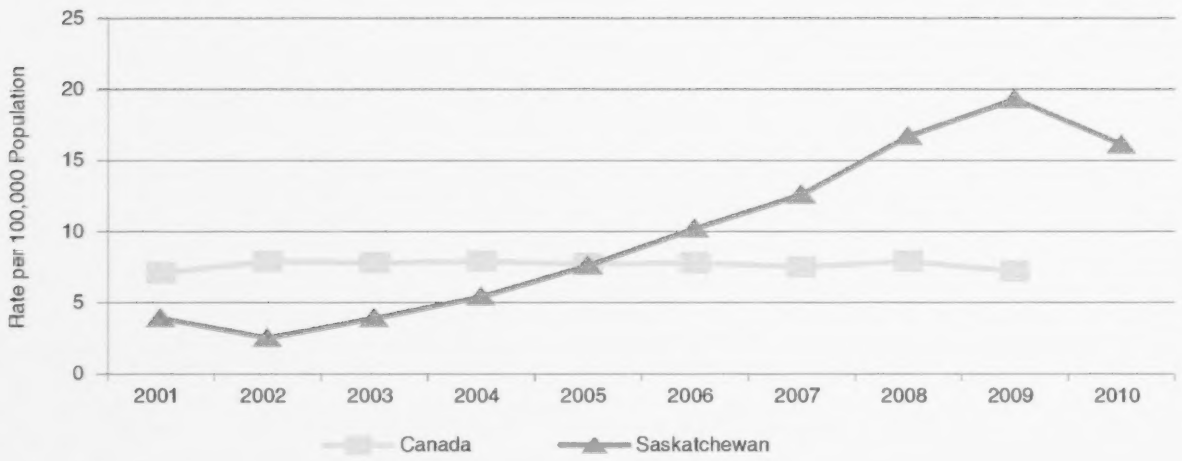


Photo Credit: Tourism Saskatoon, City of Bridges

Measure

Rate of Newly Reported HIV Cases



Source: Canadian Institute for Health Information and Ministry of Health

Measure Description

This measure is related to one of the five-year health system outcomes under the Better Health Strategy - *By March 2017, there will be a 50 per cent reduction in the incidence of communicable disease (TB, HIV, STIs & MRSA).*

Saskatchewan has the highest rate of HIV among Canadian provinces. The rate of newly reported HIV cases (incidence rate) in Saskatchewan has steadily increased since 2002 while national average has remained stable over the last decade, widening the gap between the Saskatchewan HIV incidence rate and the national average in the second half of the 2000s. The majority of new HIV cases in Saskatchewan are among Aboriginal males 30-39 years of age, and intravenous drug use continues to be a major risk factor associated with the acquisition of HIV.

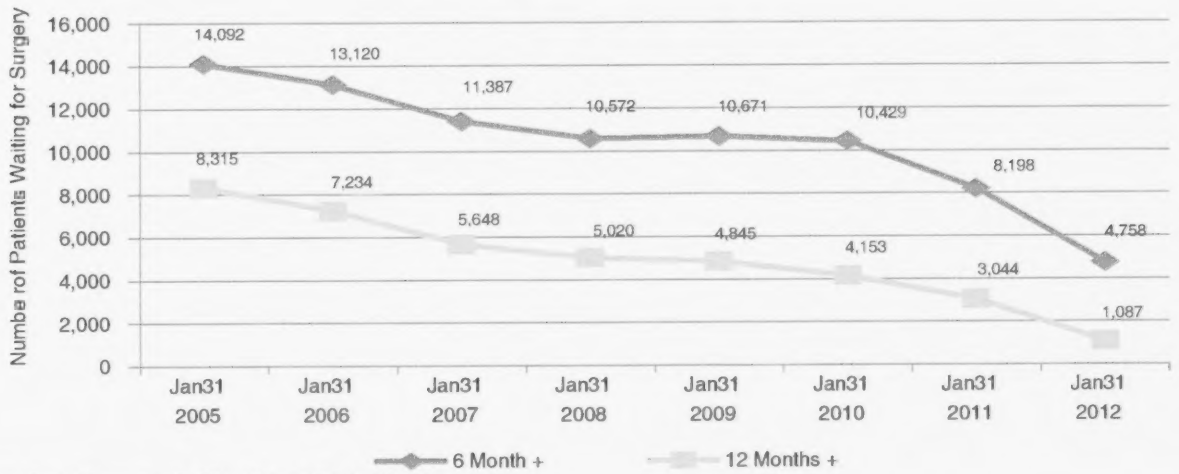
To reduce the number of HIV cases, the Ministry of Health, in consultation with its stakeholders, developed a multi-year provincial HIV Strategy in 2010. This Strategy is currently being implemented by health regions.

Photo credit: Ministry of Government Services, Air Ambulan

BETTER CARE

Measure

Number of Patients Waiting for Surgery Longer than 6 Months and 12 Months



Source: Saskatchewan Surgical Care Network Surgical Registry
Note: Numbers may differ from previously reported values due to additions and corrections to the registry.

Measure Description

These two measures are related to the five-year health system outcomes for the Saskatchewan Surgical Initiative under the Better Health Strategy - *By March 2013, all patients are offered the option to have surgery within six months and by March 2014, all patients have the option to receive necessary surgery within three months.*

The Saskatchewan Surgical Initiative (SkSI), *Sooner, Safer, Smarter*, released on March 29, 2010 outlines five broad objectives and 25 priority initiatives to improve patients' surgical experiences; to clear the existing surgical backlog; and to reduce wait times for surgery. This measure will be used to determine the performance of the health system in meeting its surgical wait time target for 2012-13.

The numbers of patients waiting for surgery longer than 6 months and 12 months have decreased steadily during the period between January 2005 and January 2012. In particular, the numbers have decreased significantly since the announcement of the SkSI. The number of patients waiting for surgery decreased by 54 per cent for those who waited longer than 6 months and by 74 per cent for those who waited longer than 12 months during the period between January 31, 2010 and January 31, 2012.

The Saskatchewan health system will continue to work toward reducing the surgical wait times and improve the patients' surgical experience through adopting patient- and family-centred care and continuous improvement (Lean), as well as implementing various patient safety initiatives.

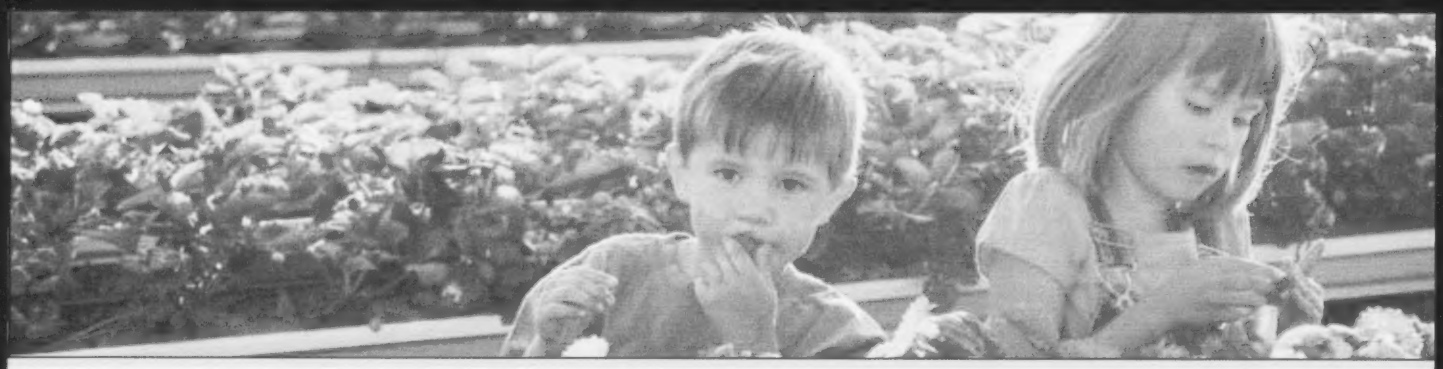
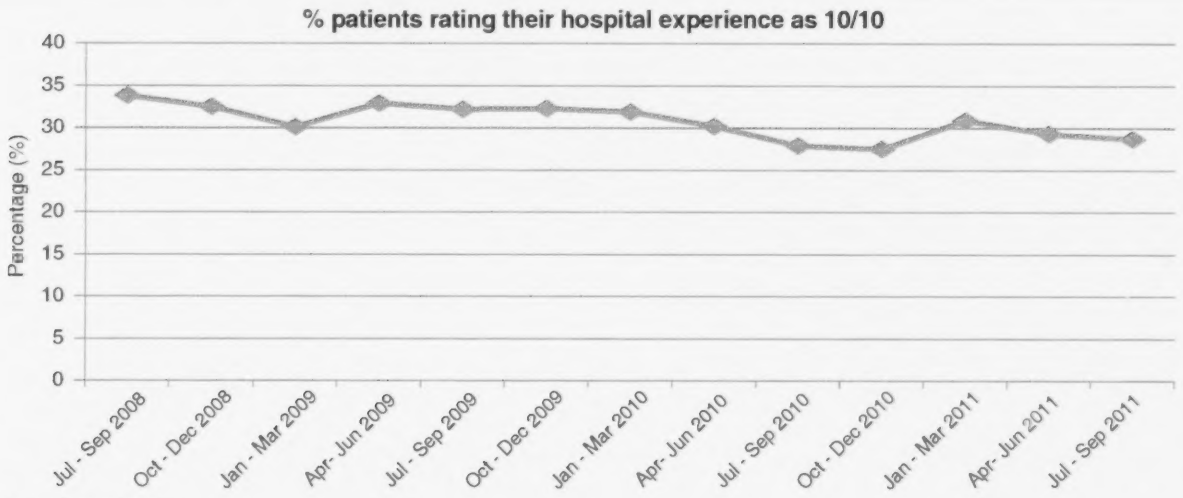


Photo Credit: Tourism Saskatchewan, Greg Huszar Photography, Over the Hill Orchards

Measure

Patients Rating Their Hospital Experience as 10 out of 10



Source: Health Quality Council

Measure Description Continued

This measure is related to the 5-year outcome, "By March 31, 2017, patients' ratings of exceptional overall healthcare experience are in the top 20 per cent of scores internationally". Further, the measure supports the multi-year, system-wide strategy to transform the Patient Surgical Experience, as promised in the 2009 Throne Speech.

"Percent of patients rating their hospital as 10 out of 10" is a core quality of care indicator for patient experience in acute care used by many high performing healthcare organizations around the world. The above data show that the Saskatchewan health system has not been able to improve the score of this measure.

PFCC is about providing more respectful, compassionate, culturally responsive care that meets patients and families' needs, values, cultural backgrounds and beliefs, and preferences through working collaboratively with patients and families. In the PFCC approach, healthcare professionals provide patients and families with complete, unbiased information in a way that patients and families can understand. Patients' cultural backgrounds and beliefs, health literacy skills, and education levels are taken into account when developing their treatment plans or providing treatment options. Patients and families are also encouraged to participate in their care and decision-making at the level they choose, as well as to partner with healthcare providers, staff and administrators in developing, implementing and evaluating healthcare policies, services and programs. Finally, patients and families are viewed as essential allies and treated as true partners.

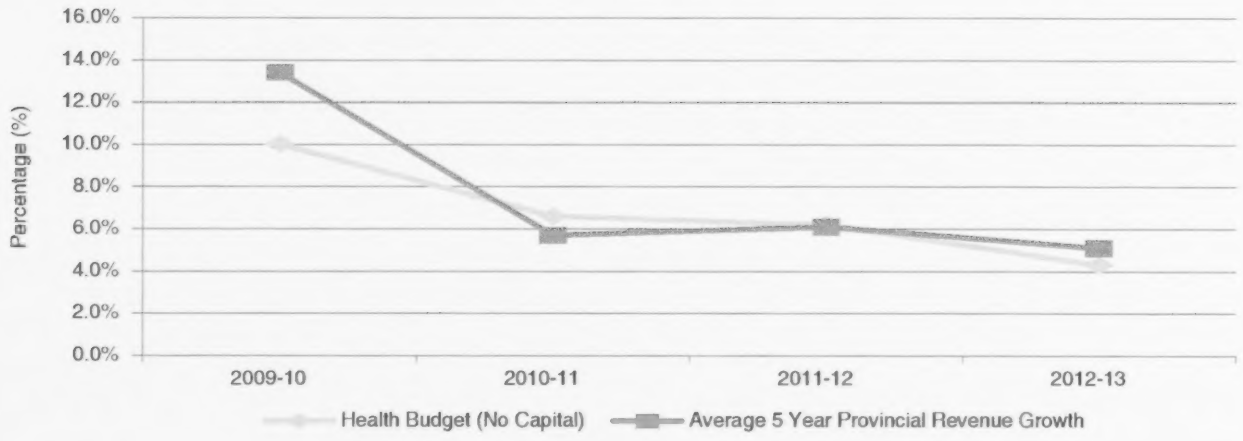
To build PFCC culture within the health system, the Saskatchewan health system will incorporate the four core concepts of PFCC (*Respect & Dignity, Information Sharing, Participation and Collaboration*) into all 2012-13 health system breakthrough initiatives.

Photo Credit: Ministry of Tourism, Parks, Culture and Sport, photo by Paul Austring, Duck Mount

BETTER VALUE

Measure

Health Care Budget Growth



Source: Ministry of Health

Measure Description

This measure is related to the five-year health system outcome under the Better Value Strategy - *By March 31, 2017, (based on a five year rolling average) the healthcare budget increase is less than the increase to provincial revenue growth.*

The health care budget continues to increase as demand for healthcare services increases. The rate of growth, however, has been narrowed from 10.0 pe cent in 2009-10 to 4.3 per cent in 2012-13 as a result of numerous efforts made by the health system to improve efficiency of healthcare delivery. In 2012-13, the Saskatchewan health system will continue to focus on improving quality of care and efficiency through implementing shared services and continuous improvement (Lean) across the system.

Financial Summary

Summary of Appropriation and Expense(thousands of dollars)	Estimated 2012-13
Central Management and Services	12,691
Provincial Health Services	219,957
Regional Health Services	3,234,094
Early Childhood Development	10,937
Medical Services and Medical Education Programs	819,017
Drug Plan and Extended Benefits	382,058
Provincial Infrastructure Projects	47,697
Appropriation	**4,726,451**
Capital Asset Acquisitions	(48,080)
Capital Asset Amortization	1,797
Expense	**4,680,168**
FTE Staff Complement	**533.4**

For more information, see the Budget Estimates at: http://www.finance.gov.sk.ca/budget2012-13

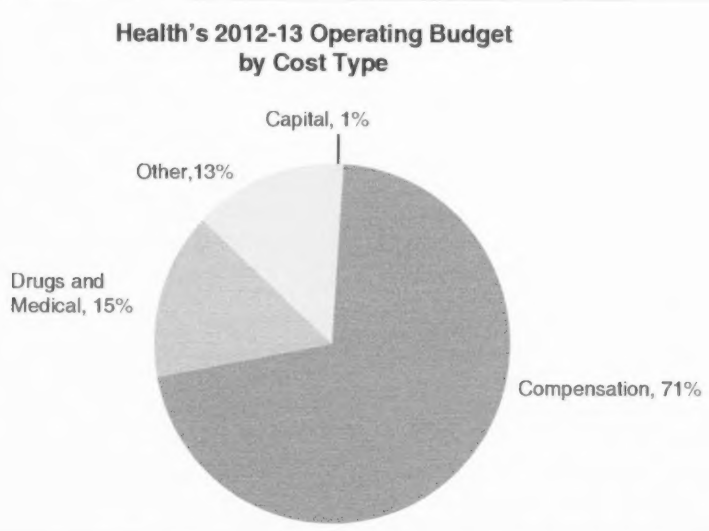


Photo Credit: Tourism Saskatchewan, David Buckley, Canoeing, MacFarlane River

Highlights

The following are key Ministry of Health investments for the 2012-13 fiscal year:

- $2.9 billion for Regional Health Authorities (RHAs), an increase of $98 million or 3.5 per cent.
- $60.5 million investment for the Saskatchewan Surgical Initiative (SKSI) – the province's four-year plan to provide sooner, safer, smarter surgical care.
- $5.5 million for innovative approaches to improve access to primary health care.
- $138.8 million for the Saskatchewan Cancer Agency (an increase of $16.9 million or 13.8 per cent over last year) to support access to cancer services and for increased drug, operating and medical costs.
- A total increase of $4.0 million will be provided to expand colorectal screening province-wide, providing early detection tools and thereby supporting early treatment and improved patient outcomes.
- $5.5 million in additional funding for the STARS helicopter program. This service will focus on care and transport of critically ill or injured patients in rural and remote areas of the province.
- $2.5 million in additional funding for diabetes support to move two long-acting insulins from Exception Drug Status listing to full formulary listing (Lantus and Levemir), and expand the Saskatchewan Insulin Pump Program to cover residents up to the age of 25.
- $1.5 million to begin implementing a rural physician locum pool to support access to physician care, in addition to the existing short-term locum pool. (Locum physicians temporarily fulfill the duties of physicians who are away from their practice).
- $1.0 million in additional funding for autism support (for a total investment of $7.6 million this year).
- $600,000 in additional funding for Fetal Alcohol Spectrum Disorder (FASD) supports (for a total investment of $3.6 million across government this year).
- $42.7 million in funding to begin construction of seven previously announced long-term care (LTC) facilities under a new co-ownership model between the province and the Regional Health Authorities; and additional third party grant funding to continue with the six long-term care facilities currently underway.
- $16.4 million for equipment and capital maintenance of facilities.
- Planning and design will continue for Saskatchewan Hospital North Battleford, and Moose Jaw Union Hospital replacement.

Other financial impacts to help control health costs:

- The Senior/Child Drug Plan cap will increase by $5 (from $15 to $20), for estimated health system savings of $10 million.
- The Senior Citizen's Ambulance Assistance Program (SCAAP) deductible will increase by $25 (from $250 to $275), for estimated health system savings of $675,000.
- A standard fee of $20/month will be applied for personal hygiene supplies for Special Care Home residents for estimated revenue of $401,000 (annualized to $534,000).

For More Information

Please visit our website at www.health.gov.sk.ca for more information on programs and services.

Front Page Photo Credits

Canola and flax fields	*Biking, Narrow Hills Provincial Park*	*Motherwell Homestead National Historic Site of Canada*	*Saskatchewan Legislative Building*
Photographer, Charles Melnick	*Greg Huszar Photography*	*Greg Huszar Photography*	*Greg Huszar Photography*